

**Motion on “Non-local pregnant women giving birth in Hong Kong”
Legislative Council Meeting on 10 January 2007**

Progress Report

Purpose

This paper informs Members of the follow-up actions taken by the Administration in addressing the increased demand for obstetric services in Hong Kong by non-local pregnant women.

Background

2. At the Legislative Council meeting on 10 January 2007, the following motion on “Non-local pregnant women giving birth in Hong Kong” moved by Dr Hon Joseph LEE Kok-long, as amended by Dr Hon KWOK Ka-ki and Hon Andrew CHENG Kar-foo, was carried –

“That, as the number of Mainland pregnant women giving birth in Hong Kong has multiplied in recent years since the CHONG Fung-yuen case in 2001, public hospital services are so overloaded that local pregnant women are unable to receive the public health care services to which they are entitled, and Hong Kong’s health care services, population, education, housing, social welfare, etc are also adversely affected, this Council urges the Government to expeditiously immediately:

- (a) provide additional resources for the Hospital Authority to tackle the problems brought to Hong Kong’s entire public health care system by the large number of Mainland pregnant women flocking to Hong Kong to give birth, as well as to alleviate the tremendous work pressure on frontline health care workers; and
- (b) conduct a comprehensive study on the implications of the large number of Mainland pregnant women giving birth in Hong Kong on the territory’s various public services

and financial commitments, and formulate feasible and effective policies and measures to re-allocate public resources, so as to resolve the problems brought about by Mainland pregnant women giving birth in Hong Kong;

- (c) collect information in order to understand the future implications on the territory of the large number of non-local pregnant women giving birth in Hong Kong;
- (d) crack down on the syndicates which arrange for the Mainlanders to overstay in Hong Kong to wait for childbirth, so as to resolve the problems brought about by non-local pregnant women giving birth in Hong Kong; and
- (e) provide additional public resources to ensure that the health care services for local pregnant women will not be affected.”

New Obstetric Service Arrangements

3. To address the increasing demand for obstetric services in Hong Kong by non-local pregnant women, the Administration and the Hospital Authority (HA) implemented new obstetric service arrangements with effect from 1 February 2007. The objectives of the new arrangements are to –

- (a) ensure that local pregnant women are given proper obstetric services and priority to use such services;
- (b) limit the number of non-local pregnant women coming to Hong Kong to give births to a level that can be supported by our healthcare system; and
- (c) deter dangerous behaviour of non-local pregnant women in seeking emergency hospital admissions through Accident and Emergency Departments (A&EDs) shortly before labour.

Establishment of a booking system for obstetric services

4. Under the new arrangements, all non-local pregnant women who wish to give birth in Hong Kong with effect from 1 February 2007 are required to make prior arrangements with a private or public hospital in Hong Kong for the necessary inpatient obstetric service and obtain booking confirmation certificates from the hospitals concerned.

5. In support of the new arrangements, the HA has implemented a central booking system for inpatient obstetric services covering all public hospitals. Sufficient places have been reserved for local pregnant women to ensure that they will have priority in the booking of obstetric services at public hospitals. Subject to availability, non-local pregnant women may be allowed to make a booking with public hospitals. The full amount of the Obstetric Package Charge applicable to Non-eligible Persons (NEPs)¹ have to be paid in full before booking confirmation certificates would be issued.

6. All private hospitals offering obstetric services have similarly introduced booking systems for their obstetric services. The issuance of booking confirmation certificates is also subject to the payment of a deposit for the necessary inpatient service by the non-local pregnant women.

Revised Obstetric Package Charge for non-local pregnant women

7. The HA has increased the minimum amount of the Obstetric Package Charge for NEPs from \$20,000 to \$39,000 for those who make an advance booking with the HA and undergo antenatal examination, and to \$48,000 for those who seek hospital admission without prior arrangements with effect from 1 February 2007. The revised rates of \$39,000 / \$48,000 were introduced to remove the financial incentive for non-local pregnant women from accessing the obstetric service at public hospitals.

¹ “NEPs”, for the purpose of subsidised public medical services, means persons who are not holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Cap 177) or children under 11 years of age who are not Hong Kong residents.

Complementary immigration measures

8. To complement the new arrangements, the Immigration Department (ImmD) has stepped up arrival checking of all visitors who are at an advanced stage of pregnancy². Those visitors whose purpose of visit is believed to be to give birth in Hong Kong are required to produce proof of booking arrangements with a local hospital. Any visitor who cannot meet the immigration requirements concerned may be denied entry.

9. The Department of Health has deployed medical staff to assist the ImmD at the control points to implement the new measures.

Effects of the New Obstetric Service Arrangements

Reduction in emergency hospital admissions

10. The booking systems for obstetric services in both public and private hospitals have been working smoothly so far. In the nine weeks since 1 February 2007, a total of 10 170 non-local pregnant women had made bookings with hospitals in Hong Kong for the necessary inpatient obstetric services and obtained booking confirmation certificates. The number of non-booked obstetric cases by NEPs in public hospitals dropped significantly. In the nine weeks since 1 February, a total of 371 non-local pregnant women sought emergency hospital admission through A&EDs, which was 75.5% lower on average than the same period in 2006 and 67.0% lower than January 2007.

Limiting the number of births by non-local pregnant women to a level that can be supported by Hong Kong's healthcare system

11. Judging from the statistics for February and March 2007, the new obstetric service arrangements have been effective in establishing a control mechanism on the number of non-local women coming to Hong Kong to give birth. In the first nine weeks since 1 February, the total number of births by non-local women in Hong Kong was 3 825, which on average was about 4.1% lower than the same period in 2006 and 28.0% lower than January 2007. More importantly, the booking systems

² To minimise disputes, women who have been pregnant for seven months (i.e. 28 weeks) or above will be deemed to be at an advanced stage of pregnancy.

coupled with the complementary immigration measures are giving hospitals the necessary means to control the total number of their obstetric patients to a level that they can support. In the nine weeks since 1 February, public hospitals and private hospitals handled 5 952 and 4 547 deliveries (i.e. total by local and non-local women) respectively.

Ensuring local pregnant women would be provided with proper obstetric services and priority to use such services in public hospitals

12. The new booking system at public hospitals and the new NEP Obstetric Package Charge so far have been effective in discouraging non-local pregnant women from accessing the obstetric services of public hospitals, thus allowing the HA to focus more of its resources to the needs of local pregnant women. In the nine weeks since 1 February, the number of births by non-local women in public hospitals dropped on average by 35.9% as compared with the same period in 2006 and by 33.0% as compared with January 2007; whereas the number of births by local women in public hospitals increased on average by 4.1% as compared with the same period in 2006. In order to ensure local women will have adequate access to the necessary obstetric services in public hospitals, the HA will continue to closely monitor the booking situation and stand ready to adjusting the quota for booking by NEPs accordingly and, if necessary, opening new obstetric units in public hospitals to meet increased demand by local pregnant women. The HA will also continue to ensure that local expectant mothers would be given access to the necessary obstetric service within their own hospital cluster.

Arrival checks on pregnant visitors

13. Frontline staff of the ImmD have by and large experienced not much difficulties in stepping up arrival checking of pregnant visitors, most of whom were aware of the new obstetric services arrangements. From 1 February to 24 April, 6 698 pregnant visitors were invited for secondary examination, 320 of whom were denied permission to enter for various reasons and all of them subsequently returned to their place of origin voluntarily.

Strengthening of Obstetric Services at Public Hospitals

14. The delivery capacity of United Christian Hospital, Queen Elizabeth Hospital and Princess Margaret Hospital is being increased.

This will elevate the total capacity of public hospitals by 5% from around 40 000 to around 42 000 deliveries per year in 2007. As stated in paragraph 12 above, the HA will continue to closely monitor the booking situation for obstetric services in public hospitals and stand ready to increasing capacity further to meet increased demand by local pregnant women, if necessary.

15. In respect of manpower, the HA has stepped up its recruitment for full-time and part-time nurses and supporting staff since January 2007. As at the end of March 2007, the HA has recruited a total of 22 nursing 42 supporting staff for appointment at various hospitals. The HA is also seeking to augment its current manpower for obstetric services by organizing extra midwifery training courses from March 2007 onwards, which is expected to provide the public hospital system with an extra supply of 40 midwives per year.

Funding Provision for HA's Obstetric Services

16. With the number of births by non-local mothers in public hospitals dropping by about one-third in February and March 2007 as compared with the same time in 2006, the new measures appear to be effective in alleviating HA's workload. Nevertheless, more time is needed to observe the likely impact of the new measures on the future demand of HA's obstetric services and hence need for resources. The Government will work with HA if there is justified need for additional resources.

Future Implications of the Increasing Number of Births in Hong Kong by Non-local Women

17. The Government has not yet at this stage come to any conclusion on the long-term impact on Hong Kong of the increasing number of births in Hong Kong by non-local women. To allow the Government bureaux and departments to collect the relevant statistical data to facilitate their assessment on the demand for services in areas such as medical and health, education, social services and housing, the Census

and Statistics Department (C&SD) conducts a population census/by-census and a population projection for Hong Kong regularly. Besides, the C&SD and other relevant bureaux and departments are also studying how to gather more information from different channels to enable the Government to collect more statistics in handling the issue of non-local women giving birth in Hong Kong.

Intermediaries Arranging Non-local Pregnant Women to Give Birth in Hong Kong

18. The law enforcement agencies are aware that some intermediaries are arranging non-local pregnant women to come to Hong Kong for child delivery. Such an arrangement does not necessarily involve illegal activities. There is also so far no indication of any syndicated activities seeking to arrange illegal immigrants or overstayers to give birth in Hong Kong. The law enforcement agencies will continue to monitor the situation and will take proactive combating measures where necessary.

Health, Welfare and Food Bureau
Security Bureau
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